



Application to Serve on a Town of Troutman
Committee or Advisory Board

Date: _____

Name: _____

Home Address: _____

Mailing Address (if different) _____

Telephone #: _____ Alt. Telephone #: _____

E-Mail Address: _____

Place of Employment: _____

**Please select and number (in order of preference) the Committees and Boards
on which you are willing to serve**

_____ Board of Adjustment (BOA)

_____ Planning & Zoning Board (P&Z)

_____ Parks and Recreation Committee

_____ Misc. short term committees

Briefly, explain why you are interested in serving on the committee(s)/board(s). Please include relevant work, volunteer and/or educational experience:

Are you a registered voter? YES _____ NO _____

(Continued on next page)

Conflict of Interest Statement:

A conflict of interest or a potential conflict occurs if a board or committee member has a separate, private, or monetary interest, either direct or indirect, in any issue or transaction under consideration. Members of advisory boards and committees shall not discuss, advocate, or vote on any matter in which they have a conflict of interest or an interest which reasonably might appear to be in conflict with the concept of fairness in dealing with public business. State law defines conflicts of interest for members of the Planning & Zoning Board and Board of Adjustment.

A conflict of interest does not preclude appointment to Town boards and committees. Disclosure of possible conflicts of interest protects you and the Town.

Do you foresee having a conflict of interest with any matters you may address if appointed to a board of committee?

NO _____

YES _____ (Please explain: _____)

I understand this application is a public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any board or committee. I also understand that regular attendance is required and is important to the success of the board or committee and accordingly, if my attendance is less than the standards established that this is cause for removal.

Signature

Please return this completed form to Troutman Town Clerk Kim Davis to be considered during the next round of appointments to a Town Board or Committee:

Application to Troutman Town Clerk Kim Davis:

Delivery: Troutman Town Hall, 400 N. Eastway Dr.

Mail: PO Box 26, Troutman NC 28166

Email:kdavis@townoftroutman.org

Fax: (704) 528-7605